CureTB
Contact Information

Referred by: _____ **E-Mail:** _____ **Date:** _____

Index Case: _____ **Date of Birth:** _____ **Sex:** ☐ M ☐ F

Contact's Name: _____ **Sex:** ☐ M ☐ F **Date of Birth:** _____

Relationship to case: _____ **Previous BCG:** ☐ Yes, Yr._____ ☐ No ☐ Unknown

Risk Factor: ☐ Child ≤ 5 yrs old ☐ HIV/AIDS ☐ Immunosuppression

Contact's Address: _____
Number, Street

_____ Ph.: _____
City, State, Zip Code

Health Center and/or Physician:

Health Center: _____

Physician: _____

Ph.: _____

TST	
Date	**Result**

Current Treatment		
Medication	**Start**	**Finish**

Contact's Name: _____ **Sex:** ☐ M ☐ F **Date of Birth:** _____

Relationship to case: _____ **Previous BCG:** ☐ Yes, Yr._____ ☐ No ☐ Unknown

Risk Factor: ☐ Child ≤ 5 yrs old ☐ HIV/AIDS ☐ Immunosuppression

Contact's Address: _____
Number, Street

_____ Ph.: _____
City, State, Zip Code

Health Center and/or Physician:

Health Center: _____

Physician: _____

Ph.: _____

TST	
Date	**Result**

Current Treatment		
Medication	**Start**	**Finish**

Contact's Name: _____ **Sex:** ☐ M ☐ F **Date of Birth:** _____

Type of contact: ☐ Household ☐ Work ☐ Casual ☐ Other (Specify): _____

Relationship to case: _____ **Previous BCG:** ☐ Yes, Yr._____ ☐ No ☐ Unknown

Risk Factor: ☐ Child ≤ 5 yrs old ☐ HIV/AIDS ☐ Immunosuppression

Contact's Address: _____
Number, Street

_____ Ph.: _____
City, State, Zip Code

Health Center and/or Physician:

Health Center: _____

Physician: _____

Ph.: _____

TST	
Date	**Result**

Current Treatment		
Medication	**Start**	**Finish**

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